UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

JOHN HANCOCK LIFE INSURANCE COMPANY, JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY and MANULIFE INSURANCE COMPANY, Plaintiffs, v. ABBOTT LABORATORIES, Defendant.	CIVIL ACTION NO. 05-11150-DPW

ABBOTT'S CORRECTED DEPOSITION DESIGNATIONS FOR CHRIS SILBER

Defendant Abbott Laboratories ("Abbott") respectfully submits the attached corrected deposition designations and counter-designations for the February 9, 2007 deposition of Chris Silber, M.D., former Head of the Analgesia Venture (ABT-594).

Dated: February 21, 2008

Respectfully submitted,

ABBOTT LABORATORIES

By: __/s/ Eric J. Lorenzini_____
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CERTIFICATE OF SERVICE

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non registered participants on February 21, 2008.

Date: February 21, 2008.

/s/ Ozge Guzelsu

Christopher Silber Deposition Designations

Depo Date	Witness	Hancock Designation	Abbott Counter Designation	Abbott Designation	Deposition Exhibit	Plaintiff Exhibit	Deposition Exhibit
02/27/07	Silber, Christopher			5:13-5:15			
02/27/07	Silber, Christopher			6:16-8:21			
02/27/07	Silber, Christopher			10:16-13:1			
02/27/07	Silber, Christopher			21:11-21:18			
02/27/07	Silber, Christopher			23:3-24:7			
02/27/07	Silber, Christopher			33:22-34:2			
02/27/07	Silber, Christopher			35:21-36:1			
02/27/07	Silber, Christopher			43:9-43:21			
02/27/07	Silber, Christopher			53:2-53:19			
02/27/07	Silber, Christopher			54:2-54:8			
02/27/07	Silber, Christopher			55:3-55:11			
02/27/07	Silber, Christopher			55:20-55:23			
02/27/07	Silber, Christopher			68:7-68:12			
02/27/07	Silber, Christopher			72:6-72:17			
02/27/07	Silber, Christopher			74:20-75:1			

Depo Date	Witness	Hancock Designation	Abbott Counter Designation	Abbott Designation	Deposition Exhibit	Plaintiff Exhibit	Deposition Exhibit
02/27/07	Silber, Christopher			104:23-105:3			
02/27/07	Silber, Christopher			105:10:105:15			
02/27/07	Silber, Christopher			115:22-116:15			
02/27/07	Silber, Christopher			117:1-117:20			
02/27/07	Silber, Christopher			141:17-141:20			

Color Key to Deposition Designations

Designation by Plaintiffs

Counter Designation by Defendants

Designation by Defendants

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MASSACHUSETTS

JOHN HANCOCK LIFE INSURANCE)
COMPANY, JOHN HANCOCK VARIABLE)
LIFE INSURANCE COMPANY, and)
MANULIFE INSURANCE COMPANY)
(f/k/a INVESTORS PARTNER)
INSURANCE COMPANY),)
Plaintiffs,) Civil Action No.
vs.) 05-11150-DPW
ABBOTT LABORATORIES,)
Defendant.)

The videotaped deposition of CHRISTOPHER SILBER, M.D., called for examination, taken pursuant to the provisions of the Federal Rules of Civil Procedure of the United States District Courts pertaining to the taking of depositions for the purpose of discovery, taken before Barbara J. Cramer, CSR No. 84-1700, a Certified Shorthand Reporter of the State of Illinois, at Suite 1300, Two North LaSalle Street, Chicago, Illinois, on the 9th day of February, A.D. 2007, at 9:08 a.m.

PRESENT:

CHOATE HALL & STEWART, LLP,
(Two International Place,
Boston, Massachusetts 02110,
617-248-5000), by:
MR. BRIAN A. DAVIS,
appeared on behalf of the Plaintiffs;

MUNGER, TOLLES & OLSON LLP,
(355 South Grand Avenue, 35th Floor,
Los Angeles, California 90071-1560,
213-683-9276), by:
MR. GREGORY D. PHILLIPS,
appeared on behalf of the Defendant and
the Deponent.

VIDEOTAPED BY:
MR. WES FRANCE,
Esquire Deposition Services.

REPORTED BY: BARBARA CRAMER, C.S.R.
CERTIFICATE NO. 84-1700

MR. PHILLIPS: Great, great.

Yes, that's fine.

MR. DAVIS: If that proves to be a problem, we usually work these things out.

MR. PHILLIPS: Okay.

CHRISTOPHER SILBER, M.D.,

called as a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. DAVIS:

Q. Good morning, Doctor.

A. Good morning.

Q. Would you state your name, please, your full name, for the record?

A. Christopher Silber.

Q. Where do you live, Doctor?

A. 124 Sunset Place in Lake Bluff, Illinois.

Q. Doctor, my name is Brian Davis. I'm the attorney for John Hancock and the other plaintiffs in this action.

You understand you're here to be deposed today under oath, and I'm going to ask you a series of questions. And if at any point in time you don't understand my questions, please just say so, and

I'll try to give you a clearer question. Do you understand that?

A. I do understand. Thank you.

Q. And as we go forward during the day, you need to articulate your answers to the questions. The court reporter can't record head nods or shakes. Do you understand that?

A. I see.

Q. Okay.

A. Yes.

Q. And if at any point in time you wish to take a -- a break, please let me know, and we'll try to accommodate you as soon as possible thereafter. All right?

A. Thank you.

Q. Doctor, are you currently employed?

A. I am.

Q. Where?

A. Hospira, Incorporated.

Q. Where is that located? Where are your offices located?

A. 275 North Field Drive, and that's in Lake Forest, Illinois.

Q. What is the business of Hospira?

A. The manufacture, commercialization of hospital-based products, injectable drugs.

Q. Now, was Hospira at one point in time part of Abbott?

A. It was.

Q. When did -- when did you first join Hospira?

A. I joined Hospira in February of 2004. It actually was prior to its formation as a company. But over the subsequent couple of months, it became Hospira officially.

Q. Is it correct that what is now Hospira, at one point in time, was part of Abbott and was spun off by Abbott?

A. That's correct.

Q. And you worked for what is now Hospira before it was spun off by Abbott. Is that right?

A. I -- prior to -- to that, it was part of Abbott Laboratories. But, yes, in February of 2004, I -- I worked for the corporation that then became Hospira.

Q. What position do you hold at Hospira?

A. My title is global medical director.

Q. Very briefly, what are your duties as

global medical director?

A. I head a function called drug development and medical services, which includes clinical research, medical communication, and medical education.

Q. Have you been global medical director at Hospira since you joined what is now Hospira in February 2004?

A. Yes.

Q. At some point in time, you worked for Abbott. Correct?

A. That's correct.

Q. When -- over what period of time did you work for Abbott?

A. From 1991 through the period of time that I joined what became Hospira.

Q. So --

A. So February of 2004.

Q. I'm sorry. I didn't mean to interrupt. So through February of 2004?

A. That's correct.

Q. Very briefly, Doctor, what is your educational background?

A. I went to Tufts University for my

Q. What did you do between 1986 and 1991 when you joined Abbott?

A. I did training in family medicine at Duke and thereafter was employed by a company named Forest Laboratories.

Q. What positions did you hold at Forest Laboratories?

A. Assistant director, assistant medical director.

Q. And what was the business of Forest Labs?

A. The development of, primarily, generic drugs, but the pharmaceutical industry.

Q. Were you involved in drug development at Forest Labs?

A. Yes, I was.

Q. And what positions did you hold at Abbott when you worked there?

A. I held a variety of posts at Abbott.

Q. When you first joined Abbott, what positions did you hold back in 1991?

A. Associate director or associate medical director.

Q. What other positions did you hold that you recall?

A. Um-hmm. Medical director, venture head, senior director marketed product development, and a role called global project head.

Q. Global project head?

A. Um-hmm.

Q. Was that the last position that you held at Abbott before you joined Hospira?

A. Yes.

Q. Were all the positions that you held at Abbott involved in some way in pharmaceutical drug development?

A. Yes.

Q. One of the positions you held was venture head. What's a "venture"?

A. A venture was an -- an entity responsible for the development of a drug or a group of drugs. The -- the basic theme of the venture was that it was intended to be, within a large company, an -- an entity that was solely focused on drug development, targeted to -- to speed, being able to develop drugs rapidly.

Q. Was there a particular venture of which you were the head?

A. I headed an entity referred to as the

psychopharmacology venture, and then I had responsibilities for a pain team as well as venture head.

Q. I'm sorry. You said you had responsibilities for a pain team. Was that part of the venture?

A. It was a venture, yes.

Q. Was it a separate venture from the psychopharmacology venture?

A. One evolved into the other.

Q. Was one of the compounds that was being developed by the pain team ABT-594?

A. Yes, it was.

Q. For how long were you venture head of the -- of the psychopharma venture or the pain team?

A. I -- I believe I was psychopharmacology venture head on or around 1996 through sometime in 1997; and then from 1997 through 2001 was responsible for pain compounds.

Q. When in 2001 did you no longer -- did you cease to be responsible for pain compounds?

A. I'm not certain of the precise date, but somewhere in the range of February or March.

Q. Of 2001?

A. That's correct.

Q. And you moved from that position into the position of senior director of marketed products?

A. That's correct.

Q. What responsibilities did you have as senior director of marketed products?

A. My responsibilities initially had to do with the acquisition of Knoll Pharmaceuticals, so I had responsibilities for neuroscience compounds, as well some of the -- the compounds -- marketed compounds that we were obtaining as part of the Knoll acquisition.

Q. Were you responsible in part for integrating the Knoll acquisition?

A. In part, yes.

Q. Very briefly, what was the Knoll acquisition?

A. Abbott Laboratories had acquired Knoll Pharmaceuticals. The acquisition process had to do with the transfer of the compounds associated with that company to become part of Abbott.

MR. DAVIS: Let me mark this as Exhibit No. 1, please.

MR. FRANCE: We're going off the video record at 9:24 a.m.

(WHEREUPON, a recess was had from 9:24 a.m. until 9:30 a.m.)

MR. PHILLIPS: I don't know if there was a question pending, but --

MR. DAVIS: I think there was. We'll go back.

MR. FRANCE: We're going -- we're going back on the video record at 9:30 a.m.

BY MR. DAVIS:

Q. Doctor, I think just before we broke there for a moment, I asked you what was -- is or was ABT-594.

A. ABT-594 was a compound that was being developed for the treatment of pain.

Q. And it -- was it an NNR?

A. Its pharmacology was that of a neuronal nicotinic receptor profile, yes.

Q. Now, do you recall having discussions -- actually, we'll go back for a moment.

This document, Exhibit 2, on the re line, makes reference to the "Analgesia Venture Portfolio Review." Was the analgesia venture the same as the pain team that you referred to earlier?

pharmacologic class, also being considered for development for the treatment of pain.

Q. If you take a look at the second page -- oh, I'm sorry. On the first page, it refers to ABT-5 -- 259 as a follow-on compound. What is a follow-on compound?

A. In general terms, a follow-on compound would be an additional compound that could be developed or could show different features from what would be referred to as the lead compound in a class.

Q. And what's the lead compound?

A. The first in a class. In this case, ABT-594 would be the compound I would refer to as a lead.

Q. Would it be fair to say that a follow-on compound is a compound that is being developed or could be developed as a replacement for the lead compound if the decision was made not to further develop the lead compound?

MR. PHILLIPS: Object to the form.

BY THE WITNESS:

A. Can you repeat the question?

MR. DAVIS: Yes. Would you read back the

question, please?

(WHEREUPON, the record was read by the reporter.)

BY THE WITNESS:

A. What I would say is that a -- a follow-on compound would be developed in parallel as part of an overall development effort.

BY MR. DAVIS:

Q. With the expectation that both the lead compound on the follow-on compound would be commercialized?

MR. PHILLIPS: Objection; objection to the form.

BY THE WITNESS:

A. Can you rephrase that question?

BY MR. DAVIS:

Q. Sure. When -- in your experience, was it -- it typical for Abbott to develop and commercially introduce both the lead compound and a follow-on compound in the same category?

A. I -- I would say it depends.

Q. Okay. Would you take a look at the second page of Exhibit 2, please? And the -- please read the very first paragraph that says, "Chris

BY THE WITNESS:

A. I -- I don't recall Abbott having an -- an opinion with respect to that at all, and I -- I don't recall.

BY MR. DAVIS:

Q. You say you don't recall Abbott having an opinion. You're talking about the corporate entity. Is that right?

A. That's correct.

Q. Okay. How about you? Did you know back -- did you have an opinion, back in January 1999, whether it was desirable for Abbott to find a follow-on compound for ABT-594 that had a clinically meaningful improvement in GI side effects?

A. I -- I don't recall my opinion at that time.

Q. Um-hmm. Did you think that the GI side effects associated with ABT-594 might hinder the commercialization of that compound back in January of '99?

A. I do not recall thinking that at all.

Q. Did the GI side effects that you knew existed with ABT-594 back in 1999 cause you any concern about the potential to commercialize that

compound?

A. I do not recall having that concern, no.

Q. Would you look, please, at the pages of Exhibit 2 that's titled, "Questions and Answers"?

MR. PHILLIPS: So beginning at 114524?

MR. DAVIS: 524, correct.

BY MR. DAVIS:

Q. Do you recall participating in any question-and-answer sessions in the course of any portfolio review presentations that you made?

MR. PHILLIPS: At any time?

MR. DAVIS: At Abbott.

BY THE WITNESS:

A. I -- I do recall, as a matter of general practice, being asked questions as part of presentations. I -- I do not recall these specific questions.

BY MR. DAVIS:

Q. Who is Dan Norbeck?

A. Dan Norbeck was a senior-ranking member of the drug discovery component of Abbott.

Q. Um-hmm. At the bottom of the page that's numbered 524, there's a -- it looks -- appears to be a question asked by Dan Norbeck, "Did the AEs

include smokers and nonsmokers?"

Do you see that?

A. I do see that.

Q. What's an AE?

A. While I'm not certain what was being referenced in the preparation of this document, in general, AE refers to adverse events.

Q. Um-hmm. And if you look at the top of the very next page, it appears to be an answer to the question, and it says "The AE data for the ABT-594, 100 microgram dose group, including smokers and nonsmokers, was 24 percent for dizziness, 32 percent for nausea, and 20 percent for vomiting. Most of the vomiting occurred after rescue medication was given."

Do you see that?

A. I -- I do see that.

Q. What's "rescue medication"?

A. I -- I don't recall the context for rescue medication in the document in front of me.

Q. Okay. Do you recall being concerned in any way by the AE data for ABT-594 back in January of 1999?

A. I do not recall being concerned about it,

no.

Q. Do you recall having any discussions with anyone at Abbott back in 1999 regarding whether Abbott should try to develop a follow-on compound that had a better GI side effect profile than ABT-594?

A. I -- I do not recall any such conversation, no.

MR. DAVIS: Let's mark this as the next exhibit. I think a page fell off there.

MR. PHILLIPS: Thank you.

(WHEREUPON, a certain document was marked Silber Deposition Exhibit No. 3, for identification, as of 2/9/07.)

BY MR. DAVIS:

Q. Now, Dr. Silber, I'll show you briefly what's been marked as Exhibit 3 at your deposition. Would you look at this document just for a moment and tell me if you've seen it before, please?

A. I don't recall this document.

Q. On occasions that you participated in analgesia venture portfolio reviews, did you occasionally use PowerPoint slides as part of

Q. Do you recall any discussions within Abbott why Abbott would decide in mid 1999 to delay any Phase III studies for ABT-594?

A. I just do not recall.

Q. Do you recall generally that delay -- Phase III studies for ABT-594 were delayed at some point in time?

A. I do not recall that, either, no.

Q. Were you -- again, ABT-594 was one of the compounds that was in the venture for which you were the head. Is that right?

A. That's correct.

Q. So is it fair to say that, within Abbott, you were primarily responsible for the development of that compound?

A. I was a member of the team responsible for its development, yes.

Q. You headed the team that was responsible for its development. Did you not?

A. That's correct, for -- for points in time related to its development.

Q. In the period from 1999 through, say, 2001, how many compounds did the pain team or the analgesia venture have under development?

BY MR. DAVIS:

Q. And what did you understand to be the reason why it was desirable or useful for Abbott to explore titration of ABT-594 in those clinical trials?

A. I -- I can't comment on the desirability of it, but my recollection of the -- the path being considered with respect to titration had to do with examining the effect titration would have on the occurrence of events related to the drug.

Q. Adverse events?

A. Both adverse events as well as the opportunity to examine efficacy with titration as well.

Q. Was one of the reasons why Abbott was exploring titration of ABT-594 was an attempt to try to overcome or address the adverse events of nausea, dizziness, and vomiting among patients taking that compound?

A. Can you restate the question?

MR. DAVIS: Yes, would you re-read it, please?

THE WITNESS: Thank you.

(WHEREUPON, the record was read by the reporter.)

BY THE WITNESS:

A. I -- I would not say that it was an attempt to overcome or address. I would say very precisely it was directed to reduce the occurrence of those events.

BY MR. DAVIS:

Q. It was related. The titration was related in some way to the adverse events. Correct?

MR. PHILLIPS: Object to the form.

BY THE WITNESS:

A. Can you -- can you restate that?

BY MR. DAVIS:

Q. Sure. The -- the fact that Abbott was pursuing titration of ABT-594 was related to the adverse events of nausea, dizziness, and vomiting that had been observed among patients who took that compound in clinical trials. Correct?

MR. PHILLIPS: Object to the form.

BY THE WITNESS:

A. I -- I cannot comment about what Abbott was doing or thinking or intending.

BY MR. DAVIS:

Q. Well, you knew what was going on with respect to the development of ABT-594. Correct?

A. My recollection is that -- that, yes, I was very aware.

Q. And based on your understanding, okay, as the gentleman who was in charge of the pain team that was responsible for the development of ABT-594, it was your understanding that the reason why Abbott was exploring titration of ABT-594 was related to the adverse events of nausea, dizziness, and vomiting that had been observed among patients who took that compound in clinical trials. Is that correct?

MR. PHILLIPS: Objection to the form.

BY THE WITNESS:

A. Can you restate that question?

MR. DAVIS: Would you re-read the question, please?

(WHEREUPON, the record was read by the reporter.)

BY THE WITNESS:

A. I -- I would say no; that titration was -- was being considered to -- to explore fully the range of doses that could be utilized with the drug.

MR. DAVIS: Let's mark this, please, as the

performing in trials?

MR. PHILLIPS: Object to -- objection to the form.

BY THE WITNESS:

A. Can you restate that question?

BY MR. DAVIS:

Q. While you worked at Abbott, did you, on occasion, look at blinded clinical trial data in an attempt to try to determine, even on a preliminary basis, how the trial was progressing?

A. In general, blinded data would not be used for any determination.

Q. But this email makes reference to blinded data that you looked at in this time frame. Correct?

MR. PHILLIPS: Objection to the form; mischaracterizes the document.

BY MR. DAVIS:

Q. Well, let me ask it very differently, Doctor. How did you determine that titration appeared to improve the tolerability of ABT-594 in that trial, although the data remained blinded at that time?

A. I just don't recall.

trials.

BY MR. DAVIS:

Q. Did that include adverse event data?

A. Among a host of other data with respect to trials.

Q. Why was it that, in your work at Abbott, you would review preliminary data about clinical trials while the trials were still under way?

A. There were a variety of reasons to review data while the course of the study was under way.

Q. What were they?

A. They would include, for example, monitoring the progress of the trial, its pace.

Q. Anything else?

A. A general appreciation for how individual participating sites were progressing or not progressing.

Q. Anything else?

A. I think those are the examples that come to mind.

Q. Did you ever review preliminary data from any clinical trials while the trials were still under way when you worked at Abbott in an attempt to understand how the compound that was being tested in

A. I'm not certain I understand your use of the word "performing."

Q. When Abbott ran clinical trials and you worked there, what was the purpose of the trials --

MR. PHILLIPS: Objection to the form.

BY MR. DAVIS:

Q. -- generally?

A. The purpose of the trial would vary by the trial.

Q. The purpose of the trial was to study compounds and determine how the -- well they would perform or be tolerated by patients. Is that one of the purposes of a clinical trial?

MR. PHILLIPS: Objection to the form.

BY THE WITNESS:

A. The -- the general purpose of research is to pose questions and to attempt to collect information to answer those questions.

BY MR. DAVIS:

Q. When you worked at Abbott, did you ever review any information that you received concerning clinical trials while the trials were still under way in an attempt to determine what you believed would be the likely results of the trial?

A. I do not recall doing that, no.

Q. And was the -- one of the purposes of the M99-120 trial to try to determine the tolerability of ABT-594?

A. I -- I just do not recall the specifics of that study.

MR. DAVIS: Let's mark this, please, as the next exhibit.

(WHEREUPON, a certain document was marked Silber Deposition Exhibit No. 9, for identification, as of 2/9/07.)

BY MR. DAVIS:

Q. Dr. Silber, you have what's been marked as Exhibit 9 to your deposition. Would you look at this document and tell me if you've seen this document or documents in this format before when you worked at Abbott?

A. I -- I do not recall this specific document, no.

Q. My question was a little broader than that, though. Do you recall seeing documents in this format before, when you worked at Abbott?

A. I -- I do not recall seeing documents in

plans submitted?

A. I -- I don't recall the specific distribution of the development plans. But an example would be senior management, the participants of the team, line managers in association with it as well.

Q. Who did you regard as the senior management of Abbott as of August of 2000?

A. I -- I don't recall the -- the specific senior management at that point in time.

Q. Well, in -- at that point in time, say, in the summer of 2000, did you have periodic interaction with Dr. Leonard?

A. I -- I don't recall the specifics of that period of time, but, in general, I would have interactions with Dr. Leonard, yes.

Q. Did you regard him as your immediate superior?

A. Again, I don't recall the specifics of the timing about him being or not being my immediate superior. But at a point in time, he was my -- my boss, yes.

Q. When you were the head of the pain team or the analgesia venture, who do you recall were

your superiors, your immediate superiors?

A. My recollection for some point of that was that Dr. Leonard was that immediate superior.

Q. Do you recall anyone else ever being your immediate superior when you were the head of the pain team or the analgesia venture?

A. During the period of time that we are talking about here, I -- I do not recall others being my superior.

Q. Did you -- when you were the head of the pain team or the analgesia venture, did you occasionally interact with Dr. Jeffrey Leiden?

A. Again, I don't recall the specifics of timing, but I do recall from time to time making presentations with Dr. Leiden, yes.

Q. What did you understand to be Dr. Leiden's position at that time?

A. I -- I don't recall the specifics during, again, any particular point in time. But in general, my recollection is that the function of senior scientific officer; at some point responsibilities for pharmaceuticals, including pharmaceutical development and discovery.

Q. Do you recall ever having any discussions

on the ABT-594 114 study?

MR. PHILLIPS: Objection to the form.

BY THE WITNESS:

A. Can you describe what you mean by "trains running"?

BY MR. DAVIS:

Q. Okay. You're not familiar with that term?

A. I'm familiar with trains.

Q. Okay. As you sit here today, you don't know who at Abbott was responsible on a day-to-day basis for administering the 114 study.

A. Again, I'm not certain of the phrase "administering" or -- or what you mean by that.

Q. Well, who at Abbott was responsible for the 114 study?

A. Members -- in general, members of the clinical research team would have been responsible for the trial. I just do not recall the -- the responsibilities that any individual member of the team would have had with respect to this study.

Q. What involvement have you had in the past in -- in the personal op- -- personally in the operation of a clinical trial?

A. Over the course of time, my responsibilities have varied considerably with respect to interactions with clinical trials.

Q. What responsibilities have you had?

A. Those would have included, among others, the identification of sites, the review of study progress, elements of study design, summarization of results, interaction with site personnel as well.

Q. Did you ever have any day-to-day responsibility for the operation of a clinical trial?

A. I have never been a participating site in a clinical trial. But the full scale of my responsibilities over time have been the design, oversight, and conduct of clinical trials.

Q. In what capacity did you -- did you -- were you ever responsible at Abbott for the day-to-day oversight of a clinical trial?

A. Again, I'm -- I'm not certain what you mean by "day-to-day oversight" with respect to a clinical trial.

Q. Well, when I say "oversight," I'm referring to the word as you just used it.

A. Okay.

Q. Okay. You said at times you were responsible for oversight of clinical trials. My question is: Did you ever have day-to-day responsibility for the oversight of clinical trials?

A. Yes, I would have.

Q. Okay. In what capacity? What position did you hold?

A. In -- as -- as part of my initial responsibilities in joining Abbott in the early 1990s, I would have had very direct oversight responsibilities with respect to clinical trials.

Q. Okay. How many clinical trials did you have direct oversight responsibility for?

A. I -- I do not recall a specific number that -- that I would categorize in the context of direct oversight that we're now talking about.

Q. Generally, how many?

A. Several, many, many.

Q. More than five?

A. Yes.

Q. Um-hmm. Did any of them involve ABT-594?

A. Not in the context that I am now describing it, no.

Q. What -- what compounds were involved in

Q. Was it, at this point in time, considered by you or others within Abbott, to your knowledge, to be a potential competitor for ABT-594 if ABT-594 was introduced for neuropathic pain?

A. I -- I don't remember precisely how it was being considered, other than it was under development and/or being -- it was under development for use in neuropathic pain, as I recall.

Q. All right. Did you understand ABT-594 to have problems with tolerability as of October 2000?

MR. PHILLIPS: Objection to the form. Sorry.

BY THE WITNESS:

A. I -- I guess I do not agree with the characterization of -- well, the use of the word "problems" with respect to tolerability.

BY MR. DAVIS:

Q. So I take it the answer is no, you didn't think that ABT-594 had problems with tolerability as of October 2000.

A. No, I did not.

Q. Next to that box, it says, "Recommend continuation of current trial to allow for complete analysis of findings with originally projected power, despite delay in time lines."

MUNGER, TOLLES & OLSON LLP

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March 12, 2007

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Via U.S. Mail
Joseph H. Zwicker, Esq.
Choate Hall & Stewart LLP
Two International Place
Boston, MA 02110

Re: John Hancock Life Insurance Co. *et al.* v. Abbott Laboratories

Dear Joe:

I am enclosing the executed signature page from Dr. Silber's deposition transcript, together with pages from the transcript upon which he has made corrections or changes to his testimony.

Please do not hesitate to contact me if you have any questions or comments.

Sincerely,

Gregory D. Phillips

1248563.1

Q. What did you do between 1986 and 1991 when you joined Abbott?

A. I did training in family medicine at Duke and thereafter was employed by a company named Forest Laboratories.

Q. What positions did you hold at Forest Laboratories?

A. Assistant director, assistant medical director.

Q. And what was the business of Forest Labs?

A. The development of, primarily, generic drugs, ~~but~~ the pharmaceutical industry.

↖ as part of (4)

Q. Were you involved in drug development at Forest Labs?

A. Yes, I was.

Q. And what positions did you hold at Abbott when you worked there?

A. I held a variety of posts at Abbott.

Q. When you first joined Abbott, what positions did you hold back in 1991?

A. Associate director or associate medical director.

Q. What other positions did you hold that you recall?

BY MR. DAVIS:

Q. Well, this document makes reference to a proposal that you made for the "GO" -- the "GO" criteria. Do you know what "GO" criteria are?

A. I -- I don't recall what "GO" criteria meant in the context of that discussion or meeting.

Q. Have you ever heard the term go/no-go decision?

A. I have heard that term, yes.

Q. Is that a term that you used while you were involved in drug development at Abbott?

A. I do recall, from time to time, the use of that term, yes.

Q. What did you mean when you used that term "go/no-go decision" when you were involved in drug development at Abbott?

A. Among other terms, the term -- the phrase "go/no-go" would refer to decision points or potential decision points, depending upon the available information, that would be opportunities to be review information accumulated up to that point in time, revisit them in the broader context of all available information, and a potential decision could follow that.

Q. Did it change the picture for Abbott in pain in any other way?

A. I -- I do remember a sustained release product as well as part of the Knoll acquisition. Dilaudid Oros was the name project. That was the only other way that I can recall in general terms discussion about pain compounds as part of Knoll acquisition.

MR. DAVIS: Would you mark this as the next exhibit, please?

(WHEREUPON, a certain document was marked Silber Deposition Exhibit No. 50, for identification, as of 2/9/07.)

MR. PHILLIPS: Mr. Videographer, are these getting in your way?

MR. FRANCE: (Indicating.)

MR. DAVIS: This is Exhibit 50?

BY MR. DAVIS:

Q. Dr. Silber, you have been handed what has been marked as Exhibit 50, which appears to be an email from you to you about you.

MR. PHILLIPS: Sorry.

IN THE UNITED STATES DISTRICT COURT.
FOR THE DISTRICT OF MASSACHUSETTS

JOHN HANCOCK LIFE INSURANCE)
COMPANY, et al.,)
Plaintiffs,) Civil Action No.
vs.) 05-11150-DPW
ABBOTT LABORATORIES,)
Defendant.)

I hereby certify that I have read the foregoing transcript of my deposition given at the time and place aforesaid, consisting of Pages 1 to 255, inclusive, and I do again subscribe and make oath that the same is a true, correct and complete transcript of my deposition so given as aforesaid, and includes changes, if any, so made by me.

Christopher J. Silber MD 3/8/07

CHRISTOPHER SILBER, M.D.

SUBSCRIBED AND SWORN TO before me
this day of , A.D. 2007.

Notary Public